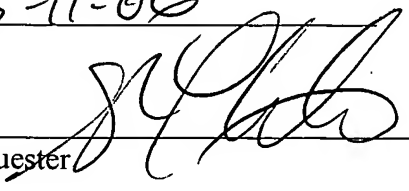


CERTIFICATE OF MAILING

I hereby certify that the below listed items are being deposited with the U.S. Postal Service as first class mail in an envelope addressed to:

**Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450**

on 5-11-06

Jeffrey R. Kuester

In Re Application of:

Rodriguez, et al.

Serial No.: 09/736,661

Filed: December 14, 2000

Confirmation No.: 8279

Group Art Unit: 2613

Examiner: An, Shawn S.

Docket No.: A-6280 (191910-1750)

For: System and Method for Adaptive Video Processing with Coordinated Resource Allocation

The following is a list of documents enclosed:

- Return Postcard
- Petition for Extension of Time (1 Month)
- Amendment Transmittal Page
- Fee Transmittal
- Form 2038 authorizing \$120.00 for 1 Month Extension of Time
- Amendment and Response to Restriction Requirement

Further, the Commissioner is authorized to charge Deposit Account No. 20-0778 for any additional fees required. The Commissioner is requested to credit any excess fee paid to Deposit Account No. 20-0778.

TFW 2613

AMENDMENT TRANSMITTAL LETTER (LARGE)	Docket No. A-6280 (191910-1750)
Applicant(s): Rodriguez, et al.	



Serial No. 09/736,661	Filing Date December 14, 2000	Examiner An, Shawn S.	Confirmation No. 8279	Group Art Unit 2613
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Invention: **System and Method for Adaptive Video Processing with Coordinated Resource Allocation**

Commissioner for Patents
 Mail Stop Amendment
 P.O. Box 1450
 Alexandria VA 22313-1450

Transmitted herewith is Amendment and Response to Restriction Requirement in the above-identified application.

The fee has been calculated and is transmitted as shown below

CLAIMS AS AMENDED

	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	23 -	39 =	0	X \$50.00	\$0
INDEP. CLAIMS	5 -	7 =	0	X \$200.00	\$0
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>				\$360.00	\$0
EXTENSION FEE	1 ST MONTH <input checked="" type="checkbox"/> \$120.00	2 ND MONTH <input type="checkbox"/> \$450.00	3 RD MONTH <input type="checkbox"/> \$1,020.00	4 TH MONTH <input type="checkbox"/> \$1,590.00	\$120.00
Other Fees:					\$0
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$120.00

- ☐ No additional fee is required.
- ☐ Please charge Deposit Account No. _____ in the amount of _____. A duplicate copy of this page is enclosed.
- ☐ A check in the amount of _____ to cover the filing fee is enclosed.
- ☒ A Credit Card Payment Form PTO-2038 is attached in the amount of \$120.00.
- ☒ The Director is hereby authorized to charge any deficiencies of the above fees or credit any overpayment to Deposit Account No. 20-0778.

Jeffrey R. Kuester, Reg. No. 34,367

5-11-06

 Date